• · · · · · · · · · · · · · · · · · · ·	[1000/01
Form D	,	138368K
SEC 1972 (6/99)	Potential persons who are to respond to the collection of inform not required to respond unless the form displays a currently va	
	ATTENTION	
	Failure to file notice in the appropriate states will not result in a federal exemption. Conversely, failure to file the appropriate fe not result in a loss of an available state exemption	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL
•	//	OMB Number: 3235-0076
	DEC 0 1 2006	Expires: April 30, 2008 Estimated average burden hours per response16
	FORM D	
	NOTICE OF SALE OF SECURITIES	SEC USE ONLY
1	PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	Prefix Serial
	UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offer	ing (check if this is an amendment and name has changed, and indicate	change.)
Series B Prefe	erred Stock	
	Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE
Type of Filing	: [x] New Filing [] Amendment	PPOOR
-	A. BASIC IDENTIFICATION DATA	THUCESSED
1. Enter the int	formation requested about the issuer	DEC 10 mm
		DEC 10 2006
Name of Issue	r (check if this is an amendment and name has changed, and indicate ch	
	s Lasers (USA), Inc.	TIVANCIAI
Address of Ex	ecutive Offices (Number and Street, City, State, Zip Code) Telephone	Number (Including Area Code)
→ →275 Kesmark	Street, Dollard-des-Ormeaux, Quebec, Canada H9B 3J1	514-904-9000
	cipal Business Operations (Number and Street, City, State, Zip Code) Telephone	· · · · · · · · · · · · · · · · · · ·
(if different fron	n Executive Offices)	
Brief Descripti	ion of Business	
Fiber laser te		ı
	ess Organization	

[] limited partnership, already formed

Actual or Estimated Date of Incorporation or Organization: [10] [06] [x] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Month

CN for Canada; FN for other foreign jurisdiction

Year

[] limited partnership, to be formed

[x] corporation

[] business trust

Actual or Estimated Date of Incorporation or Organization:

[] other (please specify):

[DE]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	,[X] Director [] General and/or	
	Managing Partner	
Full Name (Last name first, if individual)	+	
Panarello, Tullio		
Business or Residence Address (Number and Street, City, State, Zip Code)	1	
275 Kesmark Street, Dollard-des-Ormeaux, Québec, Canada H9B 3J1	ł.	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer Full Name (Last name first, if individual)		
		
Full Name (Last name first, if individual)		
Full Name (Last name first, if individual) Murison, Richard		_

CLID (A) LAND CONTRACTOR CONTRACT	Consultant/or
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] C	
······································	Managing Partner
Full Name (Last name first, if individual)	
Dunsky, Ilan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1250 René-Lévesque Boulevard West, Suite 2500, Montréal, Québec, Canada H3B 4Y1	<u> </u>
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Compared to the control of th	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Paquin, Antoine	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1480 Riverside Drive, #2505, Ottawa, Ontario, Canada K1G 5H2	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] Check Box (es) that Apply: [] Promoter [] P	General and/or
	Managing Partner
Full Name (Last name first, if individual)	Tunaging Laidie
Lam, Larry	
Business or Residence Address (Number and Street, City, State, Zip Code)	
55 Metcalfe Street, Suite 1400, Ottawa, Ontario, Canada K1P 6L5	Cananal and/an
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] C	
	Managing Partner
Full Name (Last name first, if individual)	
Andreas, Peter	
Business or Residence Address (Number and Street, City, State, Zip Code)	
149 Berkshire Trail East, Williamsburg, Massachusetts 01096	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer, [] Director [] O	
	Managing Partner
Full Name (Last name first, if individual)	
Kelly, Nora	
Business or Residence Address (Number and Street, City, State, Zip Code)	
275 Kesmark Street, Dollard-des-Ormeaux, Québec, Canada H9B 3J1	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] O	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Rho Canada Ventures, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1800 McGill College Avenue, Suite 840, Montréal, Québec, Canada H3A 3J6	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] Compared to the control of th	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Rho Investment Partners Canada, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
152 West 57th Street, 23rd Floor, New York, NY 10019	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] Compared to the control of th	General and/or
	Managing Partner
Full Name (Last name first, if individual)	ivianaging rartier
	•
Export Development Bank	
Business or Residence Address (Number and Street, City, State, Zip Code)	
151 O'Connor Street, Ottawa, Ontario, Canada K1A 1K3	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] G	
	Managing Partner
Full Name (Last name first, if individual)	
BDC Capital Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
55 Metcalfe Street, Suite 1400, Ottawa, Ontario, Canada K1P 6L5	· · · · · · · · · · · · · · · · · · ·

'Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Office	er [X] Director [] General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Fondaction, le fonds de développement de la Confédération des syndicats natio	naux pour la coopération et l'emploi
Business or Residence Address (Number and Street, City, State, Zip Code)	
2175 De Maisonneuve East, Suite 103, Montréal, Québec Canada H2K 4S3	ļ

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 					B. INFO	RMATI	ON ABO	UT OF	ERING					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.					Yes []	No [X]								
2. What is the minimum investment that will be accepted from any individual?						N/A								
3. Does	the offe	ring pern	nit joint c	wnership	o of a sing	gle unit?.			; ;				Yes [X]	No []
any cor offerin and/or associa	nmission g. If a pe with a stated ted perso	or similerson to be ate or sta	ar remund e listed is tes, list th ch a broke	eration fo an assoc e name o er or deal	or solicita iated persol of the brol	tion of pu son or ag ker or de	urchasers ent of a b aler. If m	in conne roker or ore than i	ction wit dealer re five (5) p	h sales o gistered v ersons to	y or indir f securitic with the S be listed r dealer o	es in the SEC are		
n/a Busine	ss or Res	idence A	ddress (N	Number a	nd Street	, City, St	ate, Zip C	Code)			····	_		
		· · · · · · · · · · · · · · · · · · ·	_											
Name (of Associ	iated Bro	ker or De	aler										
					d or Interates)		licit Purc	hasers	[] AİII	States				
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] ⁻ [MI] ₋ [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
		(Use blan	k sheet, e	or copy a	ınd use a	dditiona	l copies	of this sh	ieet, as n	ecessary	.)		
NOTE:									1					

-5-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the	1	
total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction	1	
is an exchange offering, check this box " and indicate in the columns below the	:	
amounts of the securities offered for exchange and already exchanged.	1	
, and an	Aggregate	Amount Already
	Offering Price	Sold
Type of Security	Officing Trice	5014
Type of Security Debt	\$0	\$0
	7	<u> </u>
Equity	0.4.350.006.00	¢ 4.250,007,00
[] Common [X] Preferred	\$ 4,350,006.00	\$ 4,350,006.00
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify)	\$0	_\$0
Total	<u>\$ 4,350,006.00</u>	<u>\$ 4,350,006.00</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased		
securities in this offering and the aggregate dollar amounts of their purchases. For	1 9	
offerings under Rule 504, indicate the number of persons who have purchased	i	
securities and the aggregate dollar amount of their purchases on the total lines.		
Enter "0" if answer is "none" or "zero."	!	
•	Number of	Aggr. \$ Amt
	Investors	of Purchases
Accredited Investors	5	\$ 4,350,006.00
Non-accredited Investors	<u> </u>	
Total (for filings under Rule 504 only)	1	
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter information requested	1	
for all securities sold by the issuer, to date, in offerings of the types indicated, the	ĺ	
twelve (12) months prior to the first sale of securities in this offering. Classify		
securities by type listed in Part C - Question 1.		
decimies by type hated in run o Question 1.	Type of Security	Dollar Amt. Sold
Type of offering	1	
Rule 505		\$0
Regulation A		\$ 0
Rule 504	<u>!</u>	\$0
		\$0
Total	. <u>C.</u>	<u> \$0</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribute		
securities in this offering. Exclude amounts relating solely to organization expenses	of the issuer. The	
information may be given as subject to future contingencies. If the amount of an exp	enditure is not	
known, furnish an estimate and check the box to the left of the estimate.	1	1 60
Transfer Agent's Fees		
Printing and Engraving Costs	1	
Legal Fees		<u> </u>
Accounting Fees		
Engineering Fees	į.	· . · · · · · · · · · · · · · · · · · ·
Sales Commissions	1	
Other Expenses (identify):		\$0
Total	[30,000.00
	1	
b. Enter the difference between the aggregate offering price given in	I	
response to Part C - Question 1 and total expenses furnished in response to	1	
Part C - Question 4.a. This difference is the "adjusted gross proceeds to the	!	
issuer."	<u> </u>	\$ 4,320,006.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Signature and the state of the
Salaries and fees
Purchase of real estate
Purchase, rental or leasing and installation of machinery
and equipment
Construction or leasing of plant buildings and facilities
Acquisition of other businesses (including the value of
securities involved in this offering that may be used in
exchange for the assets or securities of another issuer
oursuant to a merger)
Repayment of indebtedness
Working capital
Other (specify):
1
Column Totals
Total Payments Listed (column totals added)

	ments to Officers, ctors, & Affiliates		
	1	Pa	ayments to Others
[]	\$0	[]	\$0
[]	\$0	[]	\$0
	•		
[]	\$0	[]	\$0
[]	\$0	[]	\$0
	Ţ	•	
	!		
	•		
[]	\$0	[]	\$0
[]	\$0		\$0
[]	,\$0	[x]	\$4,320,006.00
	í		
[]	!\$0	[]	\$0
[]	\$0	[]	\$4,320,006.00
	\$4,320,000	5.00	

	s an undertaking by the issuer to furnish to the U.S. ff, the information furnished by the issuer to any no	
Issuer (Print or Type) Pyrophotonics Lasers (USA) Inc.	Signature Manarilla	Date Nov 29, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	•
Tullio Panarello	Chief Executive Officer	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations.

(See 18 U.S.C. 1001.)